MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590, 637

APPLICANT(S)

FILING DATE

CLAIMS

| IND. DEP. | <u> </u> | | | | | | (| |
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| TOTAL CLAIMS U.S. DEPARTMENT of COMMERCE | | | | | | | | | | |